

## Lake County Department of Utilities Chemical Requisition Form

This form is to be filled out for chemicals that are ordered for the **“FIRST TIME.”** It is meant to insure that Material Safety Data Sheets (MSDS) are available, and that all safety equipment, protective measures, and regulatory issues are in place prior to the chemical arriving on site. **It is not intended to prohibit the ordering of any chemical by employees** but rather to assure that the Department and its employees are complying with all pertinent legislation regarding the acquisition of chemicals. Thank you for your cooperation in filling out this form. Should you have any questions regarding your chemical order, please call the Safety Manager.

Responsible

Individual: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name of Chemical & Manufacturer:

\_\_\_\_\_

Amount to be ordered: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

HMIS Ratings:

Health	Fire	Reactivity	PPE

**Storage Requirements (Circle)  
applicable)**

General Chemical Storage

Cool Dry Cabinet

Refrigerator

Freezer

Explosion Proof Refrigerator

Flammable Cabinet

Corrosive Cabinet

Other (describe) \_\_\_\_\_

**Engineering Controls Needed (Circle if**

Chemical Fume Hood

Local Exhaust

Other(describe) \_\_\_\_\_

# Lake County Department of Utilities

## Chemical Requisition Form

### Personal Protective Equipment

Protective eyewear (ANSI Z87.1)

Face shield

Gloves

Lab Coat

Respirator

(describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

### Special Labeling Requirements

Carcinogen

Teratogen

Mutagen

Embryotoxin

Reproductive Hazard

Other

Is employee exposure anticipated? No Yes (amount)

\_\_\_\_\_

Are workplace exposure levels anticipated? No Yes  
(amount) \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date

Comments:

\_\_\_\_\_

\_\_\_\_\_  
Safety Manager Approval

\_\_\_\_\_  
Date